## **STATEMENT OF**

| FORM 1   | ORGANIZ<br>(See instruct                    |  |                  | Office use only                 |
|--|---|--|------------------|---------------------------------|
| NAME OF COMMITTEE (in                          | (Check if name is changed)                  | Example: If typying, type over the lines                       | 12FE4M5          | Clince use only                 |
| ArchiPAC -Th                                   | e American Institute of Archite             | cts  |                  |                                 |
|  |   |  |                  |                                 |
| ADDRESS (number and                            | street) 1735 New York Ave                   | enue, NW   |                  |                                 |
| (Check if address is changed)                  |   |  |                  |                                 |
|  | Washington                                  |  | J DC             | 20006   -                       |
|  |   | CITY▲  | STATE▲           | ZIP CODE 🛦                      |
| COMMITTEE'S E-MA                               | L ADDRESS (Please provide only one          | e-mail address)  |                  |                                 |
| (Check if address is changed)                  | hwesolowski@aia.                            | org  |                  |                                 |
|  |   |  |                  |                                 |
| COMMITTEE'S WEB  (Check if address is changed) | PAGE ADDRESS (URL)                          |  |                  |                                 |
| 2. DATE 0.3                                    |   |  |                  |                                 |
| 3. FEC IDENTIFICA                              | TION NUMBER                                 | C C00139071  |                  |                                 |
| 4. IS THIS STATEM                              | IENT NEW (N) OR                             | X AMENDED (A)  | )                |                                 |
| I certify that I have exami                    | ned this Statement and to the best of my ki | -  | ect and complete |                                 |
| Signature of Treasurer                         | Electronically Filed by Ms. Han             | nah Wesolowski   | Date 03          | / <b>27</b> / <b>2009</b>       |
| NOTE: Submission of fa                         | se, erroneous, or incomplete information m  | nay subject the person signing this                            | •                | _                               |
| Office<br>Use<br>Only                          |   | For further informate Federal Election Control Free 800-424-95 | nmission         | FEC FORM 1<br>(Revised 02/2009) |